

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/515297

FILING DATE

APPLICANT(S)

**CLAIMS**

AS FILED

AFTER  
1<sup>st</sup> AMENDMENT

AFTER  
2<sup>nd</sup> AMENDMENT

IND.

DEP.

IND.

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AS FILED

AFTER  
1<sup>st</sup> AMENDMENT

AFTER  
2<sup>nd</sup> AMENDMENT

IND.

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TOTAL

IND.

TOTAL

DEP.

TOTAL

CLAIMS

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TOTAL

IND.

TOTAL

DEP.

TOTAL

CLAIMS